

Example of PCS-Plus Request Form for Case 3

North Carolina Division of Medical Assistance (DMA) PERSONAL CARE SERVICES-PLUS (PCS-PLUS) REQUEST FORM						
1. <input checked="" type="checkbox"/> PCS-Plus Initial Request <input type="checkbox"/> PCS-Plus Reauthorization Request		DMA Prior Approval				
Date of Request: <u>11/5/03</u> Request Submitted by: <u>René Realnurse, RN</u> Total Number of PCS Hours/Month Requested: <u>80</u> hours/month Duration of PCS-Plus Request*: <u>120</u> days From: <u>11/5/03</u> To: <u>3/6/04</u> <small>*PCS-Plus authorizations cannot exceed 180 days. To request an extension, submit a new PCS-Plus Request Form at least one week before the PCS-Plus authorization expires.</small>		Authorization for <u>80</u> hours/month* <small>*Cannot exceed a total of 80 hours/month.</small> Effective from: <u>11/5/03</u> to: <u>3/6/04</u> Date Request Reviewed: <u>11/12/03</u> RN Signature: <u>Danna DMA, RN</u>				
2. Provider Agency Information						
Agency Name: <u>Best Care, Inc.</u> PCS Provider #: <u>XXXXXXX</u> Phone: <u>XXX-XXX-XXXX</u> Fax: <u>XXX-XXX-XXXX</u> Address: <u>101 Street Near You, Anytown, NC XXXXX</u> Email: <u>goodrn@hotmail.com</u>						
3. Medicaid Recipient Information						
Last Name: <u>Felt better</u> First Name: <u>Frances</u> Middle Name: <u>B.</u> Address: <u>2626 Country Lane, Mayberry, NC XXXXX</u> County: <u>Anycounty</u> Phone Number: <u>XXX-XXX-XXXX</u> Medicaid ID # (MID): <u>XXXXXXXXXX-X</u> Date of Birth: <u>8-21-23</u> Currently on PCS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *If no, agency RN must follow DMA procedures for PCS assessment and obtaining MD approval. Physician Name: <u>Dr. Arthur Ritis</u> Phone Number: <u>XXX-XXX-XXXX</u> Date DMA-3000 Signed: <u>9-29-03</u>						
4. Specify Primary and Secondary Diagnosis: <u>Severe arthritis/pain; HTN; glaucoma</u>						
If a medical or cognitive condition is being used to qualify for PCS-Plus, the assessment must document at least one of the following (check all that apply): <input checked="" type="checkbox"/> Presence of continuous and/or substantial pain interfering with individual's activity or movement <input type="checkbox"/> Dyspneic or noticeably short of breath with minimal exertion during ADL performance and requires continuous use of oxygen <input type="checkbox"/> Due to cognitive functioning, individual requires extensive assistance with performing ADLs. Individual is not alert and oriented or is unable to shift attention and recall directions more than half the time. <input type="checkbox"/> Bowel incontinence more often than once daily <input type="checkbox"/> Urinary incontinence during the day and night <input type="checkbox"/> Not Applicable						
5. List Current Medications (include medication name, dose, frequency, and route of administration)						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <u>celebrex 100mg po in am and hs</u> <u>Darvocet N-100mg po q 4h pin severe pain</u> <u>Dilapan 5mg po QID</u> </td> <td style="width: 33%; vertical-align: top;"> <u>HCTZ 25mg po q am</u> <u>xylatan drops t.i.d. hs</u> <u>Ambien 20mg po q hs</u> </td> <td style="width: 33%; vertical-align: top;"> <u>Ativan 1mg po in am & pm anxiety</u> </td> </tr> </table>				<u>celebrex 100mg po in am and hs</u> <u>Darvocet N-100mg po q 4h pin severe pain</u> <u>Dilapan 5mg po QID</u>	<u>HCTZ 25mg po q am</u> <u>xylatan drops t.i.d. hs</u> <u>Ambien 20mg po q hs</u>	<u>Ativan 1mg po in am & pm anxiety</u>
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6. Limitations in Activities of Daily Living (ADLs)						
Rate the individual's ADL Self-Performance and ADL Support Provided using the scores below						
A. ADL Self-Performance Scores			ADL Self-Performance ADL Support Provided			
0. INDEPENDENT: No help or oversight needed. 1. SUPERVISION: Oversight, encouragement or cueing needed. 2. LIMITED ASSISTANCE: Individual highly involved in activity; receives help in guided maneuvering of limbs or other non-weight bearing assistance. 3. EXTENSIVE ASSISTANCE: While individual performs part of activity, help of the following is needed: <i>weight-bearing support OR substantial or consistent hands-on assistance with eating, toileting, bathing, dressing, personal hygiene, or self-monitoring of meds.</i> 4. FULL DEPENDENCE: Full performance of activity by another.						
B. ADL Support Provided Scores						
0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+persons physical assist						
a	Bed Mobility	Moving to and from lying position, turning side-to-side and position body while in bed.	3 2			
b	Transfer	Moving to and between surfaces: bed, chair, wheelchair, standing position. (Exclude to/from bath/toilet)	3 2			
c	Ambulation	Note assistive equip. (walker, wheelchair, hoist lift); self-sufficiency once in chair. Assistive Equip: <u>walker</u>	3 2			
d	Eating	Taking in food by any method, including tube feedings. Therapeutic Diet: _____	0 0			
e	Toilet Use	Using the toilet (commode, bedpan, urinal); transferring on/off toilet, cleaning self after toilet use, changing pads/diapers, managing any special device required (ostomy or catheter), and adjusting clothes.	3 2			
f	Bathing	Taking full-body bath/shower, sponge bath, transferring in/out of tub/shower. (Exclude washing back/hair)	3 2			
g	Dressing	Laying out clothes, retrieving clothes from closet, putting clothes on and taking clothes off.	3 2			
h	Personal Hygiene	Combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands, and perineum. (Exclude baths and showers)	3 2			
i	Self-Monitoring	Self-monitoring of pre-poured medications, glucometers, etc.	1 1			
7. Nurse Aide II Tasks (specify task and frequency below)						
<u>Not Applicable</u>						
8. Nurse Assessor Certification						
I certify that the above information reflects this Medicaid recipient's condition and that the recipient's DMA-3000 was signed by the attending physician on (specify date) <u>9/29/03</u> to obtain authorization for PCS.						
Print Name: <u>René Realnurse, RN</u> Signature: <u>René Realnurse, RN</u> Date: <u>11/5/03</u>						